



Wendi Martz, lead mammographer in Imaging Services at UPMC Western Maryland, preps the mammography suite.

Screenings save

Mammograms remain critical amid COVID-19 pandemic challenges

As the world around us continues to evolve under the shadow of the COVID-19 pandemic, UPMC Western Maryland's physicians who work to diagnose and treat breast cancer have a clear message: delaying preventative care is a risk that should not be taken.

According to recent research by the EPIC Health Research Network, which included 2.7 million patients across 190 hospitals nationwide, appointments for breast cancer screenings were down between 86% and 94% during the month of March compared to the average volumes in the

previous three years. "We don't know what impact – both immediate and long-term – this is going to have, but there is a concern that patients will have more symptoms and a more advanced stage of cancer that could need a more aggressive treatment," said Dr. Blanche Mavromatis, Medical Director, Breast Program and Oncology Clinical Trials, medical oncologist.

UPMC Western Maryland primary care physician Mary Ann Riley put it in the simplest of terms. "Screening saves lives. The earlier we detect and treat breast cancer, the better re-

sults we can achieve." Dr. Michael Dwyer, UPMC Western Maryland radiologist agreed, adding, "Any time you have a potential diagnosis of cancer, the earlier the diagnosis is made and the treatment and therapy begin the better."

"It's important to continue these essential screenings," said Dr. Beth Jelinek, UPMC Western Maryland obstetrician-gynecologist. "Delays in diagnoses can have devastating effects for patient care, so if you have concerns if screenings are necessary during the pandemic, be open and honest with your provider so the

risks and benefits can be addressed."

Even during the peak of the pandemic earlier this spring, care continued to be provided at UPMC Western Maryland. "Despite the drop-off in screenings, we were very fortunate that we were able to stay open and treat patients during the early part of the pandemic," Dr. Mavromatis said. "We have been able to continue our care, and UPMC Hillman Cancer Center provided guidelines to follow when delivering treatments like

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'All in this together'

As volumes rise, hospital staff work to answer the call

As the volume of patients admitted to UPMC Western Maryland remains high in the shadow of the peak of the COVID-19 pandemic, staff members from every department have stepped up to help manage the steady influx of patients.

"When our high census of COVID patients dropped earlier this year, I was pleasantly surprised," said Vice President and Chief Nursing Officer Jamie Karstetter. "The challenge we are facing now lies on both the front and back end. We need to get our patients to the appropriate places for their

care, and we need to get them discharged when they are ready."

The bottleneck the hospital is currently experiencing typically originates in the emergency department, where arrivals come in gradually through the day but significantly increase in the evening and throughout the night.

"A lot of patients we are currently treating have put off their primary and specialty care, and, as a result, they are very sick when they arrive," Karstetter said. In addition to the higher acuity patients, the ED is still tasked with managing care for patients who would be better served by their primary care physician or urgent care center. "The lower acuity patients need to be seen in the appropriate place, not

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The UPMC Western Maryland Emergency Department has seen an influx of higher acuity patients as a result of the disruption of preventative care due to the COVID-19 pandemic.

President Barry Ronan announces retirement

UPMC Western Maryland president Barry P. Ronan has announced his plans to retire in March of 2021, capping a nearly five-decade career in the health care industry.



Barry P. Ronan

Mr. Ronan began his career as an equipment orderly at Presbyterian University Hospital in Pittsburgh (now UPMC Presbyterian Shadyside, the flagship hospital of UPMC). After progressing through several increasingly responsible leadership positions there over 11 years, he joined Allegheny General Hospital where he spent the next three years.

Mr. Ronan's career next brought him to Cumberland as vice president of Operations at Memorial Hospital and Medical Center, where he then became president and CEO. In 1996, he played a lead role in bringing the two Cumberland hospitals together to form Western Maryland Health System. As many will remember, creating the health system was a challenging period for the community, and the result has created many successes that culminated with the building of a new state-of-the-art medical center in 2009. Mr. Ronan had served as president & CEO of the health system since 2000. In February 2020, he became president, UPMC Western Maryland.

"Over the last 20 years as the leader of this health system, I've seen our staff make great strides. This past year, together we navigated through a pandemic and achieved an integration with UPMC, one of the nation's leading health systems—nationally ranked in many clinical specialties—which will anchor our high-quality health care in this region for years to come," said Mr. Ronan.

"As I reflect on my career, none of what we have accomplished would have been possible without a visionary board of directors. I am so very proud of the role our board, medical staff, employees and this health system have played in the community," Mr. Ronan continued. "They have provided quality, patient-centered care in a contemporarily sophisticated hospital, which is the region's largest employer and contributes more than \$300 million annually to the economy. Our value-based care delivery model has received national recognition as we implemented many population health initiatives aimed at improving the health and well-being of people in the communities we serve."

Mr. Ronan, throughout his 30-plus years in western Maryland, served on numerous boards, committees and commissions, both locally and statewide. He continues as a Fellow in the American College of Healthcare Executives, as a member of Allegany College of Maryland's Board of Trustees and as a member of the Cumberland Economic Development Corporation.

While his successor is yet to be named, Mr. Ronan said he is committed to ensuring a seamless and successful transition for the new UPMC Western Maryland president. "It has been a privilege and a pleasure to have been a part of so many accomplishments that our organization has achieved," he said. "I want to thank our employees and medical staff for being such an amazing group of dedicated and compassionate employees and professionals, and for making my tenure in Cumberland both personally and professionally rewarding."



Left, UPMC Western Maryland's new AIRO CT scanner and Stryker spine navigation system have provided the neurosurgery team a plethora of new options and abilities that few neurological operating room suites in the country can match. Right, neurosurgeon Dr. Or Cohen-Inbar leads the team that is now performing daily procedures in the new OR.

'Time is brain'

New neurosurgery theatre features world-class equipment

In the unbelievably complex world of spinal and brain surgery, UPMC Western Maryland neurosurgeon Dr. Or Cohen-Inbar sums up his intricate and deliberate work in three simple words: "Time is brain." Thanks to the recent acquisition of cutting-edge technology in the hospital's neurosurgical operating theatre suite, operations now involve considerably less delay, and the lives of patients are being positively impacted nearly every day as a direct result.

Since being launched together in early July, UPMC Western Maryland's new AIRO intraoperative CT scanner and Stryker spine navigation system have provided the neurosurgery team a plethora of new options and abilities that few neurological operating room suites in the country can match.

The AIRO, a full, true, 32-slice CT scanner is "unlike other devices used for spine navigation such as Stryker Zim or Medtronic O-arm. It is not merely a sophisticated biplanar X-ray," Dr. Cohen-Inbar said. "It allows for the highest quality diagnostic images of any part of the brain or spine. Based on vendor reports, there are only four such combined comprehensive systems like this in the entire United States. There are only about 200 AIRO CT scanners worldwide, and while every operating room has a navigation system, it is very rare to have both working together like we have here."

The need to acquire the AIRO began with a desire to provide better imaging data for larger patients. "The bigger the patient, the lower the quality of the X-ray," Dr. Cohen-Inbar said. "Regardless of the sophistication of the navigation system, its functionality is always based on the quality of the image it is given. We knew we needed to find a way to provide the highest quality image possible."

The acquisition of the AIRO came after extensive research. "We checked every system available on the market," Dr. Cohen-Inbar said. "With the exception of the AIRO, the other systems are all basically biplanar X-rays that do not provide a solution for larger bulky patients."

"In such patients, image quality and X-ray penetration become the rate-limiting step. If the initial image quality is poor, any other computer processing based on it is compromised, and the efficiency and safety of the spine neuronavigation is uncertain."

"We needed higher quality imaging data to provide a higher fidelity reliable spine navigation," Dr. Cohen-Inbar said. "Fortunately, Stryker acquired AIRO about a month before we started our search. We were one of the

first institutions to have both systems, which allows the CT scanner to 'speak' directly to the navigation system."

Now, the AIRO and Stryker make up a key component of bolstering the neurosurgical operating room suite's power as a smart room. "We can control every aspect of the room, including lighting, screens, projectors, and additional equipment like a microscope from a central control panel," Dr. Cohen-Inbar said. "There is also a specialized robotic bed uniquely designed for the AIRO con-

larly difficult case earlier this summer. "We had a patient involved in a devastating motor vehicle accident," Dr. Cohen-Inbar said. "There are some warning signs with patients like this that indicate impending death. The initial CT scan showed very serious traumatic brain damage to the extent of being unsalvageable. We did tests that indicated the patient was virtually close to being brain dead, and though clinically there was every indication there was nothing that we could do, I couldn't bring myself to that conclusion."

personnel that are involved in the transport. "In this case, because we have the AIRO, it took us five minutes, and that is the whole point of this," Dr. Cohen-Inbar said. "We were able to operate on both sides of the brain, when without it we would have missed the brain bleed on the other side, only to catch it later in a delayed scan."

The patient, currently still recovering, is alive today because of the AIRO. "The patient has a long, long road of recovery, but is still around to fight," Dr. Cohen-Inbar said. "The patient is taking baby steps forward every day. The entire UPMC Western Maryland staff involved in this patient's care is rooting for them."

The case above is just one of many positive impacts that have occurred since the AIRO and Stryker system launched. "Working together, these new tools offer a system of checks and balances that give us an opportunity to have the best possible outcome," Dr. Cohen-Inbar said. As a result of the functionality of the new equipment, the neurosurgery operating room suite is one of the busiest places in the hospital. Operations occur nearly every day.

While the AIRO and Stryker are pushing neurosurgery to new heights, Dr. Cohen-Inbar has already made arrangements for the next addition to the OR suite, and this time the new equipment he has secured is not just rare, it is unheard of.

"Currently there is no system that allows the Stryker navigation system to work with neurophysiology checkpoints prior to spine instrumentation," he said. "We reached out to every major company that develops spinal fusion equipment. None of them had the equipment that can superimpose the accuracy of the navigation system with the independent validation of neurophysiology. We found a small Israeli company to make this instrument specially for us and it arrived very recently."

With all of this equipment advancement comes added responsibility and a push for UPMC Western Maryland to continue to be a trailblazer in neurosurgery. "To fully utilize this equipment, we have to adapt our procedures and our equipment to work together," Dr. Cohen-Inbar said.

The impact the new equipment is having, and the upward trajectory of the program is not lost on Dr. Cohen-Inbar. "I've worked in big institutions both in the United States and abroad," he said. "Our small, boutique hospital now has one of the best neurological suites in the country."

"I've worked in big institutions both in the United States and abroad. Our small, boutique hospital now has one of the best neurological suites in the country." - Dr. Or Cohen-Inbar

structed out of carbon, making it fully X-ray and CT translucent. It allows for imaging for virtually any body region in any position."

Once the patient is brought in and the pre-operative CT scan is performed, it is automatically sent to the navigation system. Then, in 3D stereotactic neuronavigation, Dr. Cohen-Inbar orients himself. After the surgery is completed, another CT scan may be performed on the same patient, validating the accuracy of any hardware placed in relevant cases.

The equipment is all operated by trained staff. Four or five dedicated OR team members work with the neurosurgeon during a procedure, as does a second layer of support staff that includes representatives of the different companies involved in the construction of the operating theatre.

All of this technology is geared toward one goal: better results. "The biggest advantage of these tools is their versatility," Dr. Cohen-Inbar said. "The whole point of doing this was to serve our community to the best of our ability. All of this technology and these extra services we can provide culminate into one thing: better patient safety and better outcomes."

One such outcome involved in a particu-

I went in for a Hail Mary."

Though there was nothing that could be done about the damage that the traumatic injury did to the patient's brain, the main issue that was causing the most risk to the patient's life was brain swelling. "We performed a decompressive craniectomy, a procedure that was developed 60 or 70 years ago, in which you remove almost half of the skull to make room for the brain," Dr. Cohen-Inbar said.

"This was done simply to allow the patient to remain alive and allowing for brain recovery. After we did that procedure, we went ahead and did a brain CT scan on the AIRO. I saw that the side we operated on looked well decompressed, but because of the decompression and the brain shift, a new brain bleed developed on the other side."

"We then immediately turned the patient and operated on the other side of the brain. The delay from development to diagnosis and to treatment was only a matter of moments."

In typical setups, assuming everything is vacant and ready for the patient, getting an intubated patient from the operating room to the CT scanner takes about an hour. This is related to the challenges, equipment and



UPMC Western Maryland 7 South nurse Jennifer Riley with her daughter Phoebe, husband Dale and son Jay. She credits her family for their strong support while undergoing breast cancer treatment in the middle of her nursing education.

‘Very blessed’

After a breast cancer scare, nurse Jennifer Riley is thriving on 7 South

Since joining UPMC Western Maryland six months ago, Registered Nurse Jennifer Riley has been a part of the team caring for patients on 7 South. The start of her nursing career is the latest step of a path that has seen its share of ups and downs.

“My grandmother survived cancer twice before her third round ended up being terminal,” Jennifer said. “She had breast cancer, and when it came back the third time we promised to keep her at home. During that time, I developed a skill set while caring for her that not everyone has. I have always been caring and empathetic, and I had been talking about going back to school to be a nurse. So, after she passed away, I went to Allegany College of Maryland and started my journey.”

In 2018, halfway through her program at ACM, a follow-up MRI after her mammogram caught a very early onset of breast cancer. “Mammograms don’t always pick up everything, and if they suggest an additional test, you need to do it. It can make a huge difference to catch it that early,” Jennifer said. “In my case, an MRI caught what we



thought was pre-cancer, but during my treatment it was determined to be actual breast cancer.”

Thankfully, Jennifer’s cancer was hormone responsive and slow growing. She credits her doctors and their staff at UPMC Western Maryland in helping her get through such a difficult time. “The staff was so supportive. When you face that diagnosis, it is scary. They were so kind. They made me feel better.”

Specifically, Jennifer recognized her husband and two children for the support they provided during her time in nursing school, and radiologist Dr. Michael Dwyer and general surgeon Dr. Roy Chisholm for their care and willingness to schedule her treatment around her classes at ACM.

These days, Jennifer’s cancer is gone and her yearly scans are clear. She is able to focus on her work and hopes to progress up the nursing ladder. “Though COVID-19 really made my first six months different, I love the staff I work with and the floor I am on. We are a great unit that works together. I feel very blessed in regard to how things have worked out,” she said



Nurse navigator is a one-point contact for patients, families

The care her mother received in her cancer fight led Debbie Courtney down the path that would eventually result in her becoming the new nurse navigator in the UPMC Western Maryland Schwab Family Cancer Center.

“My mother was a cancer patient in Cumberland for 3 ½ years. The staff at the cancer center not only took care of my mother but made sure my father was taken care of, too. I wanted to be a part of that team,” Debbie said.

Debbie’s credentials include being a registered nurse for 24 years, with an Associate of Science degree in nursing from Allegany College and a Bachelor of Science degree in nursing from the University of Delaware. She has been an oncology certified nurse for 12 years.

In her new role, Debbie oversees coordination of care with a multidisciplinary team. She identifies and manages barriers to care, answers questions and concerns regarding diagnosis and treatment options and provides emotional support to patients, families and caregivers.

“An oncology nurse navigator is a patient advocate,” Debbie said. “This includes being a one-point contact for patients to educate themselves about the disease and treatment options, so they can actively and confidently participate in the decision-making process of their care.”

“Oncology care and coordination can be overwhelming for patients. The navigator can create a timeline, so the patient sees where they are today and what lies ahead of them. Patient education is another key role of the navigator. Education is critical because it allows patients to participate in the decisions about their treatment options,” she added.

“At the Schwab Family Cancer Center, we view the nurse navigator to be a critical component to our multidisciplinary team and a benefit to our patients and their families,” said Ben Kosewski, Executive Director, Cancer Services. “The nurse navigator provides a safety net for many of the challenges that come up throughout a patient’s treatment, and Debbie is an expert at resolving any of those challenges. Debbie’s experience as an oncology certified nurse and patient advocate makes her the perfect fit to ensure our patients’ needs are not only met but exceeded.”

Debbie’s office is located in the Cancer Center, and she has an open-door policy. When it comes to the advice she offers her patients, Debbie said, “The minutes, days and weeks after you’re diagnosed with cancer can be overwhelming, scary and lonely. It’s not the end, but the beginning of a process. Educate yourself, ask questions, cry and little, cry a lot, but know that you are not alone in this journey. Take life one day at a time.”

SCREENINGS FROM 1A

chemotherapy, when necessary, with the intent that it would not lower the patient’s immune system and put them at a greater risk for COVID-19.”

“We continued to see all breast cancer patients without delay,” said Dr. Emme Jackson, UPMC Western Maryland plastic and reconstructive surgeon. “We staggered their appointments to ensure they were the only ones here at the time of their visit.” Other safety measures, like masking, were in effect long before they were mandatory. “Some of these patients are on chemotherapy and we needed to protect them from this virus,” she said.

“Early in the pandemic, many patients cancelled and delayed routine yearly appointments,” Dr. Riley said. “I certainly understand why patients would choose to delay care during such uncertain times; however, in order to prevent further delay of care, UPMC Western Maryland has made

many changes to the way we offer appointments and testing to our patients to ensure the safest possible experience.”

In response to the pandemic, strict safety measures have been put in place across all facets of UPMC Western Maryland’s facilities, from temperature screenings to social distancing measures, as well as restrictions on patient visitation and waiting room changes. These measures ensure that necessary procedures, like mammograms, can proceed on schedule.

That does not mean that care has come without its challenges for the physicians. “Especially earlier in the pandemic, a lot of patients were coming in with a higher level of stress due to the unprecedented situation,” said Dr. Mavromatis. “In addition, many people in their support system were isolated from them due to quarantining, and that led to an additional struggle. They needed even more support from their providers than usual. Additionally, our safety precautions have made it more difficult in

some regards, for example, wearing masks has made it more difficult to communicate with the patient. Not being able to show facial expressions makes it harder to express empathy.”

Despite these challenges and adaptations, screenings are slowly returning to pre-pandemic levels. If patients still prefer not to come to the hospital, there are other options, such as virtual visits with their doctors. “With one simple text we can be face to face with our patient within seconds. Either type of appointment (in person or virtual) allows us to evaluate our patients and order necessary testing, especially mammograms,” Dr. Riley said.

“We encourage patients to talk to their primary care provider to determine what level of risk they have,” Dr. Mavromatis said. “There are certain risk factors that are red flags and different levels of risk require different screenings. If your mammogram had to be rescheduled or you have fallen behind, you need to come in if you feel comfortable

doing so. If not, you need to at least maintain regular visits with your provider and use a virtual visit. Of course, if you develop any symptoms or notice any differences in your breasts, you need to get evaluated immediately.”

Collectively the message across the many departments that work with breast cancer patients is the same. “Go to your yearly check-up if possible. Do not wait six months after your due time to get your mammogram,” Dr. Jackson said. “My recommendation has not changed,” Dr. Riley said. “Breast cancer screening is essential. While the process has changed slightly, the need to be screened has not changed. We have developed processes to keep our patients safe. One in eight women will develop breast cancer, so if you stop and think about your immediate family, that likely means breast cancer will affect someone you know and love dearly. Get your mammogram.”



Bridget Winner poses with Bernie the bear, a huggable memory of her late father made from one of his favorite shirts. UPMC Western Maryland Hospice volunteers create both bears and pillows for grieving family members.

Bernie the bear

Hospice program helps the grieving process

More than a year after losing her father and the patriarch of their family, UPMC Western Maryland Manager of Physician Recruitment Dotsy Malone, along with her sister and her mom, has a new tangible connection to his memory -- thanks to a program conducted by Hospice.

Surviving family members like Dotsy can submit a special shirt or two of their departed loved one, and a skilled volunteer creates a one-of-a-kind teddy bear or pillow out of the shirt. The process is meant to provide a lasting memory while also allowing the family to part with the clothing left behind after their loved one dies.

The program is available for anyone that loses a loved one, not just Hospice patients. "We don't want to leave anyone out. If this can help a family grieve, we hope they will reach out and take advantage of the program," Hospice Bereavement Coordinator Erin Staggers said.

"I heard about this through a coworker, and I just really thought my sister Bridget, who has special needs, would enjoy

'He's in there' - Bridget Winner

having something like this made from a piece of our dad's clothing," Dotsy said. "I contacted Erin, and she helped make it a reality. We were able to get a bear made for Bridget and a pillow for my mom."

Bridget lived at home with her father, Bernard Winner, for 41 years. "They were best buddies," Dotsy said. "They did everything together. Dad had a great, full life and passed last May at the age of 87."

Bridget's bear, lovingly named Bernie after her dad, is made out of a shirt that everyone in the family remembers him wearing regularly. It even includes a jacket that has an additional special connection for Bridget.

"Bridget and her dad had a special game they played," Dotsy said. "She'd approach him and begin to explore his shirt or jacket pockets, looking for treasures. When he asked what she

was looking for, she'd always reply, 'nothing' and laugh, and then he'd reach in his pocket, show his empty hand and say, 'well I've got that right here for you.' The game was a big part of their day-to-day interaction, and the jacket has one of the pockets that Bridget can use to keep playing the game."

So far, nearly a dozen bears and pillows have been made for people who have taken advantage of the program. Monetary donations to Hospice help supplement the materials used to make the bears, such as stuffing and the nose and eyes, and additional volunteers are being sought who are interested in lending their talent.

"This process was so easy for us," Dotsy said. "Initially, I was nervous parting with his shirts, but the bear and pillow now have a greater meaning for our family. For my mom especially, the pillow will be extremely helpful in the grieving process. It's something tangible to hug."

For Bridget, Bernie the bear is a connection to her dad she will cherish forever. "He's in there," she said.

UPMC Western Maryland earns CHIME Most Wired recognition once again

The College of Healthcare Information Management Executives (CHIME) is pleased to announce that UPMC Western Maryland has earned the 2020 CHIME Digital Health Most Wired recognition as a certified level 8. The CHIME Digital Health Most Wired program conducts an annual survey to assess how effectively healthcare organizations apply core and advanced technologies into their clinical and business programs to improve health and care in their communities.

"Digital technology has been a driver of innovation in healthcare for many years now, but never to the degree that we saw in 2020 with the pandemic," said CHIME President and CEO Russell P. Branzell. "The Digital Health Most Wired program underscores why healthcare organizations keep pushing themselves to be digital leaders and shows what amazing feats they can achieve. This certification recognizes their exemplary performance in 2020."

"This recognition is the result of the great work done by the IT team and our superusers throughout the hospital," said William Byers, UPMC Western Maryland Vice President and Chief Information Officer. "A lot of effort goes into getting the most from our computer systems to help deliver the best care at the lowest cost, and I am pleased that we have been recognized as one of the nation's 350 Most Wired organizations again in 2020."

A total of 29,135 organizations were represented in the 2020 Digital Health Most Wired program.



Digital Health
most wired
Survey
Ambulatory 2020

The surveys assessed the adoption, integration and impact of technologies in healthcare organizations at all stages of development, from early development to industry leading.

Each participating organization received a customized benchmarking report, an overall score and scores for individual levels in eight segments: infrastructure; security; business/disaster recovery; administrative/supply chain; analytics/data management; interoperability/population health; patient engagement; and clinical quality/safety. Participants can use the report and scores to identify strengths and opportunities for improvement. Participants also received certification based on their overall performance, with level 10 being the highest.

Email and HR integration materials are available on the employee portal



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the emergency department. We can't stress that enough," he added.

"We are admitting more patients than we usually do and sending a larger number of patients to ICU," said Jill Spiker, Director of the Emergency Department. "We are seeing certain shifts that I would describe as being as busy as they possibly can be. It varies from day to day. We go from having an empty waiting room and several patient rooms

open to filling the department and having 20 patients in the waiting room, sometimes in a matter of a few hours."

The increased admissions lead to an inpatient census that has resulted in the staff working longer hours and/or additional shifts. Beyond the nurses, Karstetter said he wants to acknowledge every staff member for working so hard as the census swells. "It's our entire staff. We want to recognize everyone. We are all in this together," he said.

Another element in the bottleneck is the challenge in discharging patients who would

typically be admitted to skilled nursing facilities. That process has been disrupted as earlier outbreaks of COVID have changed how patients are admitted, cared for and discharged. "These types of places remain the hotbeds during the pandemic," Karstetter said. "Across the nation, communal living arrangements are the most challenging situations in health care."

With COVID-19 causing a major disruption in the continuum of care that had been keeping patients out of the hospital and seeking preventative care, the census at UPMC West-

ern Maryland could remain high for a while. "We don't know if this is going to continue into the fall and winter, but based on what we are seeing around the country and the world, it seems like it could remain like this for a while," Karstetter said.

As the numbers of patients ebb and flow this fall, dedicated staff members will continue to work to keep patients healthy. "We hear, we see, and we feel with them. We have their backs all day," he said.